

New Jersey Department of Health and Senior Services
Long Term Care Assessment and Survey Program
NURSE STAFFING REPORT

Name of Facility	City	Payroll Records and Census for Week of:
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*The provisions of nurse staffing data to the New Jersey Department of Health and Senior Services is required by both Federal and State laws. To aid you in compiling this information, please enter below the daily total **FULL TIME EQUIVALENTS** on each tour of duty from payroll records for the week requested.*

Average Daily Census	Average Daily Number of Patients for the Following Required Services: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ A. Tracheostomy Patients _____ B. Respirator Patients _____ C. Head Trauma Stim Patients _____ D. Adv. Neuromuscular Patients _____ E. Orthopedic Care Patients </div> <div style="width: 45%;"> _____ F. IV Therapy Patients _____ G. Wound Care Patients _____ H. Oxygen Therapy Patients _____ I. Nasal Feeding Patients _____ J. Gastro Feeding Patients </div> </div>
Number of Licensed Beds	
Total Number of: _____ Aides _____ Certified Aides _____ Non-Certified Aides	

NURSING DEPARTMENT

Shift	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
	RN	LPN	A	RN	LPN	A	RN	LPN	A	RN	LPN	A	RN	LPN	A	RN	LPN	A	RN	LPN	A
Day																					
Evening																					
Night																					

Documents submitted by your facility must be legible and accurate. Schedules will not be analyzed for compliance with staffing regulations if they cannot be readily interpreted by the survey staff. Illegible schedules may result in a deficiency. Please retain the canary copy for your records. All information pertaining to the nurse staffing of this facility is accurate as submitted and can be verified by payroll records.

Name of Authorized Facility Representative (Print or Type)	Title	Signature	Date
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